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SEP 0 5 2006



 To:
 Examiner John P. Leubecker Art Unit: 3739
 From: Thornas Spinelli, Esq. Registration No.: 39,533

 Fax:
 571-273-8300
 Pages: 14

 Phone:
 571-272-4769
 Date: September 5, 2006

 Re:
 USSN: 10/687,184 Our Docket: 14867A
 CC:

RCE WITH AMENDMENT UNDER 37 C.F.R. § 1.114

The following is being filed with the U.S. Patent and Trademark Office via facsimile on September 5, 2006:

- 1. Request for Continued Examination Transmittal in Duplicate
- 2. Amendment Under 37 C.F.R. § 1.114 W/Transmital in Duplicate
- Authorization to Charge Deposit Account 19-1013 for \$790.00/filing fee
- Certificate of Facsimile Transmission

Applicant:

Tatsuya Ishizuka

Serial No.:

10/687,184

For:

ENDOSCOPE SUITABLE FOR AUTOCLAVING

Filed:

October 16, 2003

Docket:

14867A

Dated:

September 5, 2006

TS:cm

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	MENT TRANSMIT		Docket No.							
Applicant(s): Tatsuya Ishizuka						14867A				
Application No.	Filing Date	Examiner		Customer N	ο.	Group Art Unit	Confirmation No.			
10/687,184	October 16, 2003	John P. Leubecker	r	23389		2739	7582			
Invention: ENDO	OSCOPE SUITABLE I	FOR AUTOCLAVING				<u></u>	-			
RECEIVED CENTRAL FAX GENTER										
COMMISSIONER FOR PATENTS: SEP 0 5 2006										
Transmitted herew	ith is an amendment i	n the above-identified a	pplicati	on.						
The fee has been o	calculated and is trans	mitted as shown below.	·							
		CLAIMS AS AM	ENDE)						
	CLAIMS REMAINING	HIGHEST #	NUMB	ER EXTRA		RATE	ADDITIONAL			
	AFTER AMENDMENT	PREV. PAID FOR	CLAIMS	PRESENT			FEE			
TOTAL CLAIMS	14 -	20 =		0	×	\$50.00	\$0.00			
INDEP. CLAIMS	2 -	3 =		0	X	\$200.00	\$0.00 \$0.00			
Multiple Dependent Claims (check if applicable) TOTAL ADDITIONAL FEE FOR THIS AMENDMENT										
No additional fee is required for amendment. Please charge Deposit Account No. in the amount of A check in the amount of to cover the filling fee is enclosed. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP Any additional filling fees required under 37 C.F.R. 1.16. Any patent application processing fees under 37 CFR 1.17. Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card information and authorization on PTO-2038. Dated: September 5, 2006 Thomas Spinelli Registration No.: 39,533 Dated: September 5, 2006 Thereby certify that this correspondence is being deposited with the britied States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on (Date) Signature of Person Mailing Correspondence										
cc:		Typed or Printed Name of Person Mailing Correspondence								

Invention: ENDOSCOPE SUITABLE FOR AUTOCLAVING	AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): Tatsuya Ishizuka							Docket No. 14867A				
Invention: ENDOSCOPE SUITABLE FOR AUTOCLAVING COMMISSIONER FOR PATENTS: Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED CLAIMS REMAINING HIGHEST # NUMBER EXTRA RATE FEE AFTER AMENDMENT PREV. PAID FOR CLAIMS PRESENT PREV. PAID FREV. PAI	Application No.	Filing Date	Examiner		Customer No.		Group Art Unit	Confirmation No.				
COMMISSIONER FOR PATENTS: Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. CLAIMS AMENDED CLAIMS REMAINING HIGHEST # NUMBER EXTRA RATE FEE ATTER AMENDMENT PREV. PAID FOR CLAIMS PRESENT FEE TOTAL CLAIMS 14 - 20 = 0 x \$50.00 \$0.0 INDEP. CLAIMS 2 - 3 = 0 x \$200.00 \$0.0 Multiple Dependent Claims (check if applicable) \$0.0 TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0.0 No additional fee is required for amendment. Please charge Deposit Account No. in the amount of a check in the amount of to cover the filing fee is enclosed. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMIP Any additional filing lees required under 37 C.F.R. 1.16. Any patent application processing fees under 37 CFR 1.17. Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Phagrety cartify that this correspondence is being deposited the Divised States Poctal Service with sufficient possage assignments. Phagrety cartify that this correspondence is being deposited to Pate September 5, 2006	10/687,184	October 16, 2003	John P. Leubecker		23389	-	2739	7582				
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Thomas Spinelli Registration No.: 39,533 Negistration No.: 39,533	Please charge Deposit Account No. in the amount of A check in the amount of to cover the filing fee is enclosed. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP Any additional filing fees required under 37 C.F.R. 1.16. Any patent application processing fees under 37 CFR 1.17. Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be											
	Signature Thomas Spinelli Registration No.: 39,533 Registration No.: 39,533 Thereby certify that this correspondence is being deposited will the United States Postal Service with sufficient postage as fin class mail in an envelope addressed to "Commissioner for Patent											
Signature of Person Mailing Correspondence CC: Typed or Printed Name of Person Mailing Correspondence												